

Housing Counseling Agency
Fiscal Year Activity Report

U.S. Department of Housing
and Urban Development

Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0261
(exp.12/31/2006)

Read the instructions and Public Burden in your instruction packet.

1. Counseling agency name and address/telephone/fax/contact person/e-mail

* Agency Name:

Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code: * Country:

Contact Person:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Phone Number: Fax Number:

Email Address:

Check here if any of this is new information: ☒ Yes ☒ No * 2. Reporting Year: 10/01/ * To: 09/30/

	All Counseling Activities	HUD Grant Activities
3. Ethnicity of Clients (select only one)		
a. Hispanic	0	0
b. Not Hispanic	0	0
4. Race of Clients		
Single Race		
a. American Indian/Alaskan Native	0	0
b. Asian	0	0
c. Black or African American	0	0
d. Native Hawaiian or Other Pacific Islander	0	0
e. White	0	0
Multi-Race		
f. American Indian or Alaska Native and White	0	0
g. Asian and White	0	0
h. Black or African American and White	0	0
i. American Indian or Alaska Native and Black or African American	0	0
j. Other multiple race	0	0
5. Income Levels		
a. < 50% of Area Median Income (AMI)	0	0
b. 50 - 80% of AMI	0	0
c. 80 - 100% of AMI	0	0
d. >100% AMI	0	0
6. Numbers of Clients Receiving Educational/Outreach Services (if client also receives counseling, please include in count below)		
a. Completed Homebuyer Education Workshop	0	0
b. Completed Post-Purchase Homeowner Workshop	0	0
c. Sought Help with Fair Housing Issue	0	0
d. Sought Help with or Attended Workshop on Predatory Lending	0	0

Previous editions are obsolete.

ref. Handbook 7610.1 form HUD-9902 (10/2002)

Tracking Number:

	All Counseling Activities	HUD Grant Activities
7. Numbers of Clients Counseled, by Purpose of Visit and Results		
a. Seeking Pre-Purchase Homebuyer Counseling		
Purchased Housing	0	0
Client will be Mortgage Ready within 90 Days	0	0
Client will be Mortgage Ready after 90 Days; Receiving Long-Term Prepurchase Counseling	0	0
Entered Lease Purchase Program	0	0
Decided Not to Purchase Housing; No Further Effort to Prepare Needed	0	0
Other	0	0
Total	0	0
b. Seeking Help with Resolving or Preventing Mortgage Delinquency		
Brought Mortgage Current	0	0
Mortgage Refinanced	0	0
Mortgage Modified	0	0
Received Second Mortgage	0	0
Initiated Forbearance Agreement/Repayment Plan	0	0
Executed a Deed-in-Lieu	0	0
Sold Property/Preforeclosure Sale, Chose Alternative Housing Solution	0	0
Mortgage Foreclosed	0	0
Currently Receiving Foreclosure Prevention/Budget Counseling	0	0
Partial Claim	0	0
Other	0	0
Total	0	0
c. Seeking Help Converting Home Equity into Cash or Seeking Better Mortgage Loan Terms		
Obtained a Home Equity Conversion Mortgage (HECM)	0	0
Received Home Equity or Home Improvement Loan	0	0
Received Consumer Loan (Unsecured)	0	0
Mortgage Refinanced	0	0
Referred to Other Social Service Agency	0	0
Sold House, Chose Alternative Housing Solution	0	0
Counseled on HECM; Decided Not to Obtain Mortgage	0	0
Currently Receiving Counseling	0	0
Other	0	0
Total	0	0
d. Seeking Help in Locating, Securing, or Maintaining Residence in Rental Housing		
Received Housing Search Assistance	0	0
Obtained Temporary Rental Relief	0	0
Referred to Agency with Rental Assistance Program	0	0
Advised on Recertification for HUD/Other Subsidy Program	0	0
Referred to Other Social Service Agency	0	0
Counseled or Referred to Legal Aid Agency for Eviction or Other Fair Housing Assistance	0	0
Found Alternative Rental Housing	0	0
Decided to Remain in Current Housing Situation	0	0
Entered Debt Management/Repayment Plan	0	0
Currently Receiving Counseling	0	0
Other	0	0
Total	0	0
e. Seeking Shelter or Services for the Homeless		
Occupied Emergency Shelter	0	0
Occupied Transitional Housing	0	0
Occupied Permanent Housing with Rental Assistance	0	0
Occupied Permanent Housing without Rental Assistance	0	0
Referred to Other Social Service Agency	0	0
Remained Homeless	0	0
Currently Receiving Counseling	0	0
Other	0	0
Total	0	0

8. HUD Grant Activity - Summary Data

* HUD Grant No.	* HUD Grant Amount	* Number of Clients	* Amount Invoiced
	0.00	0	0.00
	Total	0	0.00

9. Name of Person Authorized to Sign this Report

* Title:

* Signature:

* Date: